## New Jersey Public Employment Relations Commission NON-POLICE AND FIRE COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

## Line # SECTION I: Parties and Term of Contracts 1 Public Employer: Township of Lower County: Cape May County 2 Employee Organization: Lower Township Teamsters Union Number of Employees in Unit: 43 3 Base Year Contract Term: 1/1/2012 - 12/31/2015 New Contract Term: 1/1/2016 - 12/31/2019 SECTION II: Type of Contract Settlement (please check only one) 4 Contract settled without neutral assistance 5 Contract settled with assistance of mediator 6 Contract settled with assistance of fact-finder 7 Contract settled with assistance of super-conciliator 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations? Yes No SECTION III: Salary Base The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases. 9 \$2,129,438.23 Salary Costs in Base Year 10 Longevity Costs in Base Year \$ 11 Total Salary Base \$2,129,438.23 SECTION IV: Salary Increases for Each year of New Agreement\* Year 1 Year 2 Year 3 Year 4 12 Effective Date (month/day/year) 1/1/2016 1/1/2017 1/1/2018 1/1/2019 13 Cost of Salary Increments (\$) 34.507.44 \$ (23,398,69)52,421.42 51,912,28 Salary Increase Above Increments 14 \$ \$ \$ \$ (\$) 15 \$ Longevity Increase (\$) \$ Total \$ Increase (sum of lines 13-16 34,507.44 15) (23,398.69)52,421,42 51.912.28

\$ 2,163,945.67

1.62%

17

18

year

New Salary Base (\$)

Percentage increase over prior

\$2,140,546.98

-1.08%

\$2,192,968.40

2.45%

\$2,244,880.68

2.37%

<sup>\*</sup>If conract duration is longer than five years, please add an additional page.

Employer:	Township of Lower	Employee Organization:	Lower Township Teamsters Union	Page 3
SECTION VI:	Medical Costs (continued	d)		***************************************
28	Identify any insurance c	hanges that were included in	this C.N.A.	
	As of 2/1/16, the Towns NJSHB,saving \$400,000	hip changed from a self-insure O and reducing volatility.	ed health and prescription program to	
	SECTION VII: Certificat	tion and Signature		***
29	The undersigned certifies that the foregoing figures are true:			
	Print Name:	Lauren Read		
	Position / Title:	CFO, Township of Low	/er	
	Signature: 〈	Laur Re		
	Date:	11/30/2016		
	Send this completed and si form to: contracts@perc.sta		Ic copy of the contract and the signed cert	ification
	NJ Public Employment F	Relations Commission		
	Conciliation and Arbitrati	on		

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016

## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective negotiations agreement for the term beginning 1/1/2016 through 12/31/2019.

Employer:_	Township of Lower		
County: _	Cape May County		
Date:	7/27/2017		
Name:	Lauren Read		
	Print Name		
Title:	CFO, Township of Lower		
Signature:_	Au Ro		